Correspondence

The July, 1924, number of CALIFORNIA AND WESTERN MEDICINE carried an editorial entitled "Fantastic Schemes for Formularizing and Socializing Medicine." Many messages commendatory of the editorial have been received, and one letter written on the stationery of the Public Health Center of Alameda County is as follows:

October 17, 1924.

Dr. W. E. Musgrave, Editor California and Western Medicine, Balboa Building, San Francisco, California.

My dear Doctor Musgrave—In a recent issue of California and Western Medicine (Vol. XXII, No. 7) there was an editorial headed "Fantastic Schemes for Formularizing and Socializing Medicine." The conclusions in the editorial were apparently drawn from extracts from an article, "Health Surveys in the Oakland Public Schools," in the Alameda County Public Health News (Vol. II, No. 3), as frequent quotations from this article are given. The article states, in italics, that "it is findings like these upon which parents rely to safeguard the health and lives of their children."

Knowing that it is the desire of California and Western Medicine to be entirely fair, the Board of Directors (Public Health Center), to whose attention the criticism was called, have instructed me to make a reply, knowing that your idea of fair play will be such that you will publish it.

The purpose of these health surveys seems to have been misunderstood and other parts of the article quoted overlooked. As stated in the article, "you will notice that at no time (as based upon this survey) has a diagnosis been made; merely the fact recorded that a defect is suspected." The survey is a series of simply objective tests recommended by leading specialists about the San Francisco Bay who had in mind the method in which they were to be used, and are intended to find the children that are apparently well, so that they may be eliminated from special attention.

"To verify the survey findings and to gain the co-operation of the parents in the promotion of their children's health, eleven community centers have been established. The doctor is in each of these centers one morning or afternoon a week." "With the parent or guardian of the child present, the physician makes a thorough examination." The children are seen by appointment only, and the physician himself regulates the number of appointments. Each doctor sees on an average from three to five children an hour "conferring (with the parent) as to the best way of improving the child's health. If there is a family physician or dentist, the child is referred to him by the school doctor on a form provided. If not, the parents are advised to select and consult one. Should they state they are unable to pay for medical service, they are referred to the medical social service department at the treatment clinic of the Public Health Center, a card being given stating time and place."

Yours very sincerely,
ALVIN POWELL, M. D.,
Director.

Comment—Yes, we don't.

Dear Doctor—I have just been reading the article on throat swabs in the enclosed bulletin (official bulletin, State Board of Health), and am mad.

We have enough slams from the lay health worker, etc., at present, without a member of our profession in an official position going out of his way to furnish them with ammunition.

Since when have laboratory technicians developed a system of ethics or a sense of responsibility?

Since when have the ethics and honor of the average M. D. been improved and purified by his acceptance of a political job so that he may be trusted beyond the rank and file of our profession?

I have known a health officer to put a scarlet fever patient of his own in a back room, with the sign on the door of the room; nothing on the front of the house, and then allow the sister of the patient to give music lessons to children in the front rooms.

I have known of the assistant to a health officer to hand the swab to a 7-year-old boy and tell him to take the culture, etc., etc. (Signed) DOCTOR X—.

Note—The paragraph referred to by the writer reads:

"The importance of absolute exactness in diphtheria diagnosis, made possible by correct report of cultures from the throat and nose, makes obvious the necessity of a proper technique in taking swabbings for cultural tests for diphtheria. Even so simple a procedure is often inadequately or carelessly done with a resulting report which may mislead. *Laboratory technicians* sometimes wonder if poor swabbings are not sent intentionally to obtain negative findings. For release, it has been deemed safer to have the swab taken by the *health officer* or *his assistant.*"

STATE BOARD MEDICAL EXAMINERS

Sacramento, Calif., November 6, 1924.

Re: Anesthesia.

Dear Dr. Musgrave—Our legal department has held that the giving of an anesthetic by a nurse constitutes a violation of the Medical Practice Act.

In the standardization of hospitals, does your committee make any point of this important feature; i. e., is it required that anesthetics in an approved hospital must be given by one licensed under the Medical Practice Act in the state of California?

Very truly yours,
C. B. PINKHAM, M. D.,
Secretary-Treasurer.

CALIFORNIA AND WESTERN MEDICINE

December 3, 1924.

Dear Doctor Pinkham—This is in reply to your letter inquiring whether or not we will accredit a hospital where anesthetics are given by other than licensed individuals.

In view of the fact that the Council on Medical Education and Hospitals of the American Medical Association, in consequence of your similar inquiry to them, has invited my comment upon the same point, it seems advisable to again answer this question rather fully.

We have not required that anesthetics be given only by an educated physician in our hospital betterment work, except in those hospitals purporting to teach anesthesiology.

Some years ago the House of Delegates of the California Medical Association passed unanimously a resolution recognizing the giving of an anesthetic as the practice of medicine and created an anesthesiology section in the California Medical Association. The opinion of the attorney of your Board of Medical Examiners, as well as an opinion of the Attorney-General, to the effect that the giving of an anesthetic by other than one licensed to practice the healing art constituted a violation of the laws of California was important evidence in influencing the California Medical Association to take the action it did.

Since that time, in hundreds of public addresses, letters, personal visits to hospitals, and repeatedly in CALIFORNIA AND WESTERN MEDICINE and in BETTER HEALTH, I have urged that, inasmuch as we have made anesthesiology the practice of medicine in principle, that we follow that principle to its logical conclusion in practice. This I have done as chairman of the Hospital Betterment Service of the League for the Conservation of Public Health, which committee, as you know, has by delegation of authority represented the California Medical Association and the Council on Medical Education and Hospitals of the American Medical Association for years in the hospital work in California.

With the co-operation of your board, the three Class A medical schools of the state and the members of the Section on Anesthesiology, the League was able to secure an

amendment to the California Medical Practice Act, requiring the teaching of anesthesiology to medical students. Much more has been done in a consistent, sustained effort to develop a wider appreciation of anesthesiology as a medical specialty.

However, as stated above, we have not as yet made it a *requirement* for accredited hospitals for many reasons, a few of which may be mentioned.

License—This, as you know, does not mean enough in California to warrant our using it as a basis from which to classify anything pertaining to health. There are persons whose state license probably grants them legal authority to give an anesthetic who would not be permitted to give an anesthetic or practice the healing art otherwise in any hospital accepted as an institutional member of the League or accredited by the American Medical Association. Then, too, the legal phase of the question has not been cleared up. The accuracy of the opinions of your attorney, that the giving of an anesthetic is the practice of the healing art, could be very readily tested in court and if sustained and law enforcement pushed, it would help clarify the problem. It has been, and still is easy to get evidence, and the Board of Medical Examiners is at least one of the boards charged with the enforcement of the law. If I mistake not, *there are government hospitals, as well as others, in the state where even unlicensed persons have been and are giving anesthetics.*

Other Legal Difficulties—The absence of court decisions in California and their varied trends elsewhere makes even a moral force—which is all we pretend to have—hesitate to get too far ahead of public opinion, particularly about a matter which is not of nearly the importance of other matters claiming our attention. Some superior courts have ruled that the surgeon is responsible for the anesthetist's work; others have ruled that the anesthetist is responsible whether licensed or not; others have ruled that the hospital is responsible, and there are still other slants deducible from court records.

What Constitutes an Anesthetic—There is much difference of opinion on this point. Some claim that a few whiffs of ether or gas during labor or in a dentist's office is not the giving of an anesthetic. Some would include these and the use of scopolamin and any and all of the various substances and methods used in producing local anesthesia.

Not Enough Educated Anesthetists Available—There are many places in this and other states where no educated doctor of medicine is willing to give an anesthetic except in emergencies and to selected patients. There are, of course, enough of specialists and young physicians who are willing to give anesthetics in the larger centers, but even here, as you know, many of the highly respected surgeons and obstetricians prefer their own specially trained technicians to give their anesthetics.

And so I might go on for pages telling of other facts to this many-facted problem as it has presented itself to me in my hospital and other medical economics work.

These complications in the aggregate have induced me, and those I speak for, to limit our efforts to education and persuasion, hoping that, in the course of time, we will be able to make a *requirement* of what we now cover with a *request.*

If I have failed to make my answer clear, or if there is any assistance I can give you in what I assume is the beginning of a movement for law enforcement, please call upon me.

Sincerely yours,

W. E. MUSGRAVE,
Chairman Hospital Betterment Service.

Gurdon Potter, M. D., in a letter to the editor says:

"On page 647 of the December issue you quote a surgeon as having said, 'that anyone who believed in physiotherapy was the son of a quack.' I am sorry for this man, because just such an attitude in the profession has kept it in the narrow groove it has occupied for so many years, and allowed the birth of half-baked cults to arise on every hand.

"I have been a student of the application of 'mechanical means on a physiological basis' to the correction of pathology in the human body for the past twenty years, and have been given the laugh many times for my views in the matter. However, I have yet to see it fail, if your diagnosis is correct, and you know your pathology. Richard Cabot well says 'that 50 per cent of our diagnosis is incorrect.' Physiotherapy is not a 'cure-all,' and never will be. Neither is anything else, but, brother medical man, there is some truth in physiotherapy, hydrotherapy, and other controllable agencies if you have an open mind to investigate them, and really investigate them, and not take the 'barbershop chatter' that so often passes as 'gospel' in some medical groups.

"No wonder that H. C. Wood said, thirty years ago, 'if further progress is to be made we must question the old methods and search out new, which may happily lead to more fruitful fields.' Yea, verily. At the present time the really big minds in bacteriology frankly say that we are again approaching a somewhat similar condition in that branch—or words to that effect. In the light of common sense, and for the sake of real progress—yes, for the love of Mike—wake up, get out of the rut, look things over, and if they don't prove up, scrap the whole thing—but stop, look, and listen."

Tryparsamide in the Treatment of Neurosyphilis—Udo J. Wile and Lester M. Wieder, Ann Arbor, Mich. (Journal A. M. A., December 6, 1924), attempted to determine the value of tryparsamide in the treatment of neurosyphilis, as well as to determine the toxicity and the untoward reactions of the drug, if such existed. Fifty cases of cerebrospinal syphilis were utilized. In the neighborhood of 325 injections were given to these patients. The fifty cases allow of the following differential clinical analysis: General paralysis, twenty-one cases; taboparesis, six cases; tabes dorsalis, three cases, and diffuse cerebrospinal syphilis, twenty cases. Tryparsamide showed itself of great service in causing a profound change for clinical betterment in these cases. The type of case found most favorably influenced has been the type in which least might be expected, namely, the parenchymatous type in which a considerable degree of deterioration had apparently occurred. The most striking clinical changes noted have been increase in weight, color and general appearance. In nine cases, a marked improvement of the mental state of the patient has been found coincident with the improvement in the general appearance. In five cases, the treatment was followed by clinical improvement when other forms of therapy, including intraspinal treatment, had failed. This clinical betterment is not paralleled by striking corresponding changes for the better in the spinal fluid. For this reason, it is possible that the improvement characterized by gain in weight and general appearance may be due partly to the effect of the drug on syphilitic foci outside the nervous system, as well as to the tonic effect of the arsenic content of the drug. Gastric crises and the lightning pains of tabes dorsalis have, as yet, not yielded to tryparsamide treatment in this series. It would appear that more treatment of the same type should be given in those cases in which no laboratory response has been noted, on the one hand; and that a greater period of time must elapse, on the other hand, before accepting clinical improvement as definitely evident of the therapeutic activity of the drug. With the exception of vomiting, which followed each injection in one case, in no other case was there the slightest untoward result, either from the standpoint of constitutional reaction or from that of disturbance of vision.

Another Middleman in Medicine—In commenting editorially upon another great corporation planning to practice medicine wholesale, the Illinois Medical Journal says that they are going to establish a system of industrial surgery in New York City, with its beginning a series of first-aid stations placed at intervals throughout the city. This application of "chain-store methods" to the practice of medicine by a corporation of lay people will be as appalling as it is brazen, and is a direct attack upon the health welfare of the community.

"Fifteen per cent of all pregnancies result in miscarriages, and 5 per cent in stillbirths," says Charles Herrman, secretary New York Children's Welfare Association. Three times as many deaths occur in utero and at birth, as during the first year of life.